

ITASCA SCHOOL DISTRICT 10

ADMINISTRATIVE CENTER
200 N. MAPLE ST.
ITASCA, IL 60143-1722
(630) 773-1232 Fax (630) 773-1342

HEALTH RECORD QUESTIONNAIRE/RELEASE

The following questionnaire is to be completed by the parent or legal guardian of children in Itasca School District #10. It is designed to keep your child's school health record up to date. It is a confidential record and will be kept by the school nurse. This information may be shared with other school personnel to ensure your child's academic success and/or personal safety. Place an "X" in the appropriate "YES" or "NO" column for each of the following questions. If you have any questions, please contact the health office at your child's school and ask to speak with the nurse. Any additional comments can be added at the bottom of this page. We appreciate your cooperation. Please return the completed form to the school office.

*****If anything changes during the school year, please contact the nurse.**

	YES	NO
1. Has your child ever had any serious illness or injury? If "YES", please specify. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your child ever been hospitalized for any serious illness, injury, or surgery? If "YES", please specify. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child have any known allergies or asthma? If "YES", please specify. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child presently take any medication? If "YES", please specify. If your child needs to take this medication at school complete the necessary forms for administration of medication at school. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have any vision, hearing, or speech difficulties? If "YES", please specify. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there anything about your child's health, physical or emotional background that you would like the school health staff and teacher to know? _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name _____ Birth Date _____ Grade _____

Parent's/Guardian's Signature _____ Date _____



RAYMOND BENSON PRIMARY
301 E. WASHINGTON ST.
ITASCA, IL 60143-2159
(630) 773-0554
Fax (630) 285-7474

ELMER H. FRANZEN INTERMEDIATE
730 N. CATALPA ST.
ITASCA, IL 60143-1465
(630) 773-0100
Fax (630) 285-7468

F.E. PEACOCK MIDDLE SCHOOL
301 E. NORTH ST.
ITASCA, IL 60143-1620
(630) 773-0335
Fax (630) 285-7460